

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

"NOVEL COMPOSITIONS"

the specification of which (check one)

☐ is attached hereto.

☒ was filed on **2 July 2003** as Serial No. **10/612,651**
and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d) or Section 365(b) of any foreign application(s) for patent or inventor's certificate, or Section 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below any foreign application for patent or Inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Number	Country	Filing Date	Priority Claimed
0216993.6	Great Britain	22 July 2002	YES
0218423.2	Great Britain	8 August 2002	YES

I hereby claim the benefit under Title 35, United States Code, Section 119(e) of any United States provisional application(s) listed below.

Application Number	Filing Date

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) or Section 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

Serial No.	Filing Date	Status

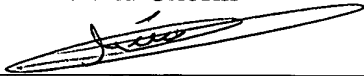
Address all correspondence and telephone calls to **Customer Number 20462**

Dara L. Dinner, GlaxoSmithKline, CIP-U.S., UW2220, P.O. Box 1539, King of Prussia, Pennsylvania 19406-0939, whose telephone number is 610-270-5017.

I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith
Customer Number 20462 and Customer Number 23347.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor: Roland Chorin

Inventor's Signature: 

Date: 04/06/04

Residence: Mayenne, France

Citizenship: France

Post Office Address: GlaxoSmithKline
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P.O. Box 1539
King of Prussia, Pennsylvania 19406-0939

Full Name of Inventor: James Cartwright

Inventor's Signature: 

Date: 02 June 2004

Residence: Mayenne, France

Citizenship: United Kingdom

Post Office Address: GlaxoSmithKline
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Full Name of Inventor: Nathalie Barges Causeret

Inventor's Signature: _____

Date: 02 June 2004

Residence: Mayenne, France

Citizenship: France

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Full Name of Inventor: Catherine Castan

Inventor's Signature: _____

Date: _____

Residence: Venissieux, France

Citizenship: France

Post Office Address: GlaxoSmithKline
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Full Name of Inventor: Florence Guimberteau

Inventor's Signature: _____

Date: _____

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Citizenship: France

Post Office Address: GlaxoSmithKline
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Full Name of Inventor: Rémi Meyrueix

Inventor's Signature: _____

Date: _____

Residence: Venissieux, France

Citizenship: France

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Serial No. Filing Date Status

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Full Name of Inventor: Roland Chorin

Inventor's Signature: _____

Date: _____

Residence: Mayenne, France

Citizenship: France

Post Office Address: GlaxoSmithKline
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Full Name of Inventor: James Cartwright

Inventor's Signature: _____

Date: _____

Residence: Mayenne, France

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Full Name of Inventor: Nathalie Barges Causeret

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Date: _____

Residence: Mayenne, France

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Full Name of Inventor: Catherine Castan

Inventor's Signature: X  _____

Date: X June 8, 2004

Residence: Venissieux, France

Citizenship: France

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Full Name of Inventor: Florence Guimbertau

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Date: X June 9, 2004

Residence: Venissieux, France

Citizenship: France

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Full Name of Inventor: Rémi Meyrueix

Inventor's Signature: X

Date: X June 7th, 2004

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